MINNESOTA BOARD OF PHARMACY
2829 University Ave. SE #530
Minneapolis, MN 55414-3251
Phone: (651) 201-2825 Fax: (612) 617-2262
E-Mail: Pharmacy.Board@state.mn.us Web: www.pharmacy.mn.gov

COMPLAINT REGISTRATION

Complainant's Name:

_____

Address of Complainant:

_____

City, State, Zip Code:

_____

Telephone Numbers:

Home: (___)_____

Work: (___)_____

Name of Pharmacy/Pharmacist:

_____

Address of Pharmacy/Pharmacist:

_____

City, State, Zip Code:

_____

Telephone Number:

(___)_____

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I understand that pursuant to Minnesota Data Privacy Act, the information submitted in this form is non-public private information. This information, which I am not legally required to submit, is offered so that the Board may properly and thoroughly evaluate and investigate this complaint, and if necessary, submit this information in any legal proceeding. Recognizing the Board's need to verify and, if necessary, legally pursue this complaint, I authorize the Board, its agents, and/or agents of the Attorney General's Office representing the Board to disclose this information to those whom they reasonably believe have a need to know.

Statement of Complaint
(Use additional paper if necessary)

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(Signature of Complainant) Date